

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6511

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1336**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2719</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>2217 (R) CATH. ST.</b>		d. STREET ADDRESS (If rural, give location) <b>2217 (R) CATH. ST.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DENNIS</b> b. (Middle) c. (Last) <b>Metcalf</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 6, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov. 20, 1863</b>
9. AGE (In years last birthday) <b>86</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	11. BIRTHPLACE (State or foreign country) <b>Clarksville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
13a. FATHER'S NAME <b>Ben Metcalf</b>	13b. MOTHER'S MAIDEN NAME <b>EMMA Loe ?</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine Metcalf</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Josephine Metcalf</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <b>NO</b> (COUNTY) (STATE) <b>4272</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-1-1947</b> to <b>2-6-1950</b> that I last saw the deceased alive on <b>2-6-1950</b> and that death occurred at <b>11:30 a.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>J. E. Edwards M.D.</b>	23b. ADDRESS <b>1936 Franklin Ave</b>	23c. DATE SIGNED <b>2-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb. 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington PK</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
DATE REC'D BY LOCAL <b>FEB 10 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>English UND. Co</b>	
REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		ADDRESS <b>2731 Lucas</b>	

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2936 Lucas, ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.